

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION		Town of <u>LAMOINE</u>
Property Owner's Name: <u>JOHN HOLT</u>	Tel. No.: <u>(207) 667-8733</u>	
System's Location: <u>LAMOINE BEACH ROAD</u>		
Property Owner's Address: <u>23 LAMOINE BEACH ROAD - LAMOINE, ME.</u>	Zip Code	<u>04605</u>
e-mail address: _____		

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☒ local approval ☐ local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>SYSTEM TO ABANDONED PUG WELL</u> <u>62'</u>	<u>TABLE 8-A</u>
2. _____	_____
3. _____	_____

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

VARIANCE REQUESTS ARE MINIMIZED.

I, WILLIAM A. LABELLE, JR. #319, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

William A. Labelle Jr. #319
SIGNATURE OF SITE EVALUATOR

5-1-19
DATE

PROPERTY OWNER

I, JOHN HOLT, am the ☒ owner ☐ agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

John S. Holt
☒ SIGNATURE OF OWNER
☐ AGENT FOR THE OWNER

MAY 7 2019
DATE

LAMOINE

LAMOINE BEACH ROAD

JOHN HOLT

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Rebecca Albright, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☒ do ☐ do not) approve the requested variance. I (☒ will ☐ will not) issue a permit for the system's installation as proposed by the application.

Rebecca Albright

LPI Signature

5/7/2019

Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, Rebecca Albright, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☒ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Div. Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LAMOINE	Town/City	Lamoine Permit # 1948
Street or Road	LAMOINE BEACH ROAD	Date Permit Issued	5/7/19 Fee \$ 285 Double Fee Charged ()
Subdivision, Lot #		Local Plumbing Inspector Signature	L.P.I. # 394
OWNER/APPLICANT INFORMATION		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
Name (last, first, MI)	HOLT, JOHN	Fee: \$ 285 state min. fee \$ Locally adopted fee	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State
Mailing Address of	23 LAMOINE BEACH ROAD		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	LAMOINE, ME. 04605		
Daytime Tel. #	(207) 667-8733	Municipal Tax Map # 15	Lot # 29
email address:			
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant: <u>John S Holt</u> Date: <u>5/7/2019</u>		Local Plumbing Inspector Signature: _____ (1st Date Approved)	
		Local Plumbing Inspector Signature: _____ (2nd Date Approved)	

PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENT(S)	
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>STONE BED</u> Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <25% <input type="checkbox"/> b. Major Expansion ≥ 25% <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components	
SIZE OF PROPERTY <u>4.7</u> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____	TYPE OF WATER SUPPLY <input type="checkbox"/> Proposed <input type="checkbox"/> Existing <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		

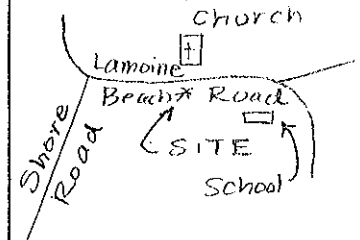
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete EXISTING a. Regular (SEE NOTE) b. Low Profile PG. 2) c. with lift station d. water tight e. two compartment <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device _____ <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>1200</u> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>360</u> gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE <u>2 1 C</u> CONDITION _____ at Observation Hole # <u>1</u> Depth <u>30</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium -- 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large -- 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large -- 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large -- 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44° 28' 41.3" N</u> Lon. <u>68° 20' 37.8" W</u> If g.p.s., state margin of error <u>30'</u>

SITE EVALUATOR STATEMENT			
I certify that on <u>4-26-19</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).			
Site Evaluator Signature <u>William A. LaBelle, Jr.</u>	SE# <u>319</u>	Date <u>5-1-19</u>	
Site Evaluator Name Printed WILLIAM A. LaBELLE, JR.	Telephone Number (207) 537-5900	E-mail Address labeledseptec@rivah.net	
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

Owner or Applicant Name
JOHN HOLT

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)



RECOMMEND A NEW TANK, BUT CAN UNCOVER EXISTING TANK; CHECK SIZE, CONDITION OF TANK AND BAFFLES. REPLACE OUTLET BAFFLE, IF NEEDED AND USE EXISTING TANK, IF DESIRED. INSTALL RISERS ON ALL COVERS.

LPI; ADJUST PERMIT FEES ACCORDINGLY.

Observation Hole ☐ Test Pit ☐ Boring

" Depth of organic horizon above mineral soil

Figure 1 is a blank soil profile form. The vertical axis is labeled "DEPTH BELOW MINERAL SOIL SURFACE (inches)" and ranges from 0 to 50 in increments of 10. The horizontal axis is divided into four columns: "Texture", "Consistency", "Color", and "Mottling". A diagonal line runs from the top-left corner to the bottom-right corner. Below the main grid, there are four sections: "Soil Classification" (with sub-sections "Profile" and "Condition"), "Slope" (with a "%" symbol), "Limiting Factor" (with a "Depth" symbol), and a legend with four items: "Ground Water", "Restrictive Layer", "Bedrock", and "Pit Depth", each with a corresponding box.

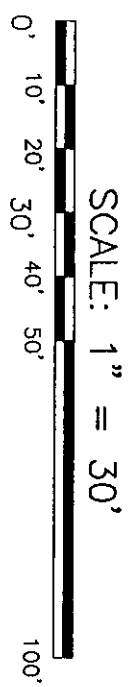
Page 2 of 3
HHE-200 Rev. 01/2018

Town, City, Plantation LANOINE	Street, Road, Subdivision LANOINE BEACH ROAD	Owner or Applicant Name JOHN HOLT
--	--	---

SITE PLAN:

SCALE: 1" = 30 FT.

MAGNETIC
NORTH



Site Evaluator's Signature

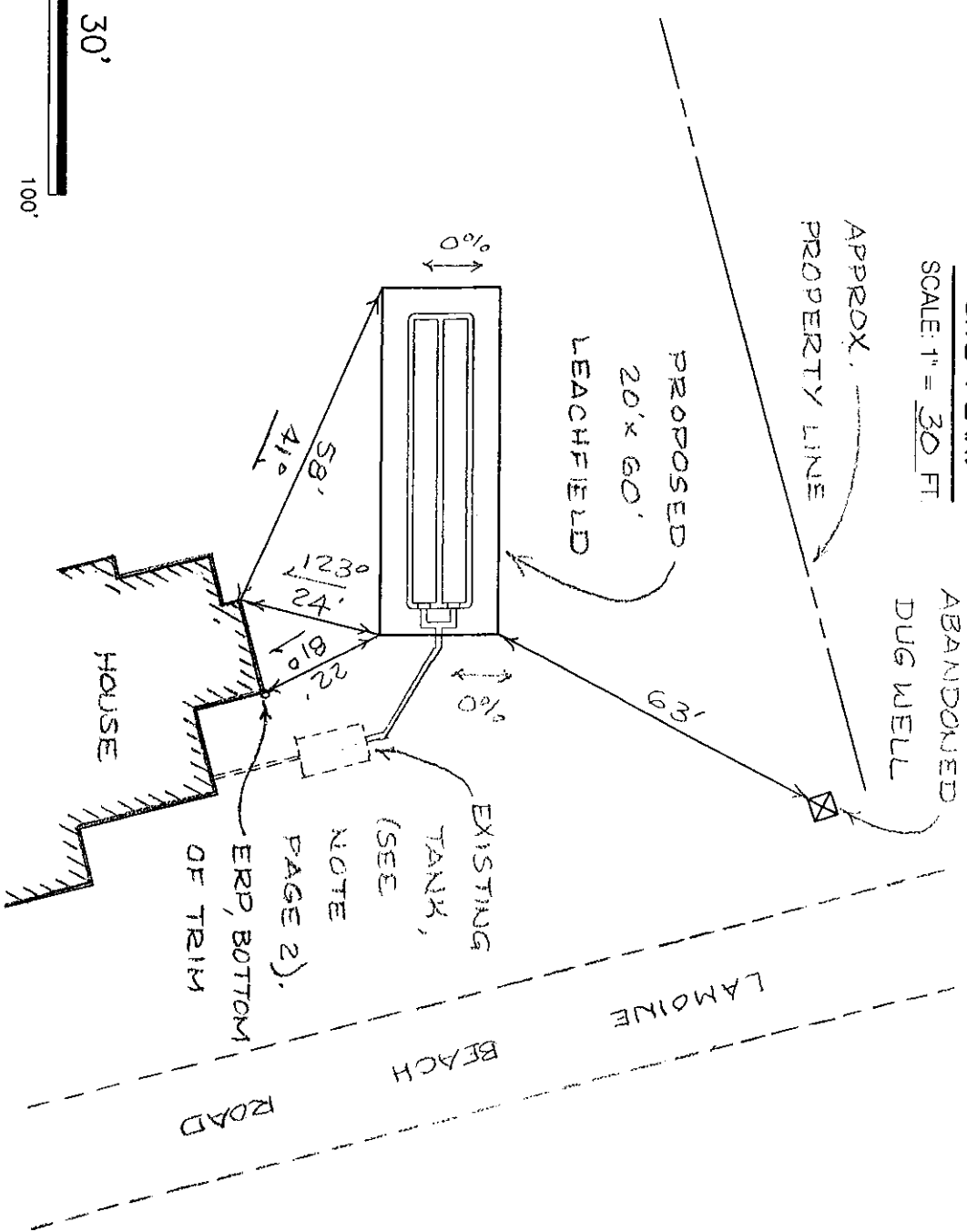
WCH

S.E. #

319

Date

5-1-19



Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

Owner or Applicant Name
JOHN HOLT

SCALE: 1" = 20 FT.

NORTH

4" DIA. PERF. PIPE

- EDGE OF STONE

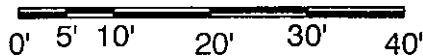
4" EFFLUENT
LINE

EXISTING
TANK,
(SEE NOTE
PAGE 2)

APPROX.
BUILDING
SEWER

ERP, BOTTOM
OF TRIM.

SCALE: 1" = 20'



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVATE	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	<u>10"</u>	Finished Grade Elevation	<u>CROWN -51"</u>			Location & Description <u>BOTTOM</u>
Depth of Backfill (Downslope)	<u>10"</u>	Top of Distribution Pipe or Proprietary Device	<u>-66"</u>		<u>N/A</u>	<u>OF TRIM, 10" ABOVE</u>
			<u>-77"</u>			<u>GROUND.</u>
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field				Reference Elevation is: <u>0"</u>

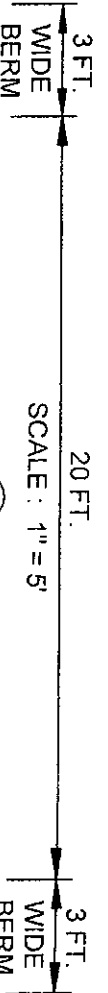
DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. All work done adjacent to wetlands and water bodies must be done in compliance with Section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPW0588).
4. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade).

5-1-19

Date _____

DISPOSAL BED CROSS SECTION

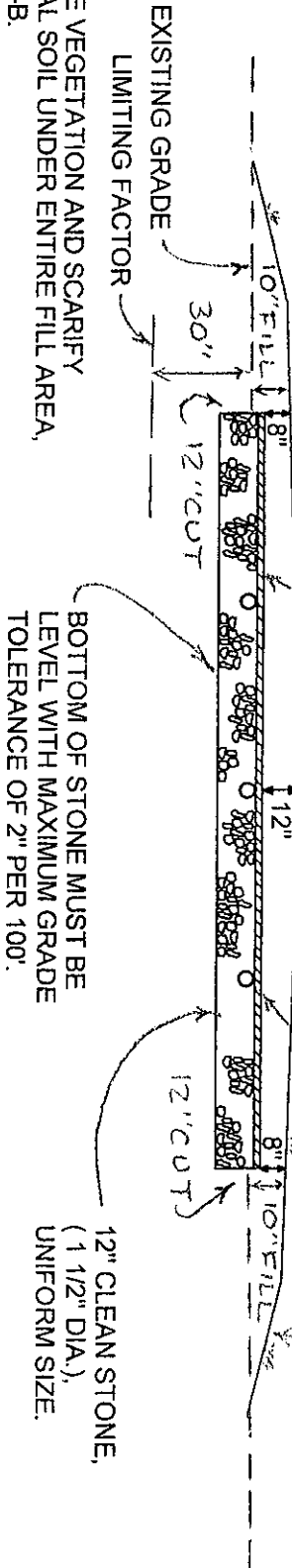


NOTE:

GRADE UPSLOPE TO DIVERT
SURFACE WATER AWAY FROM
SYSTEM.

FILL MATERIAL SHALL BE 8"-12" THICK
OVER STONE AND SHALL BE GRAVELLY
COARSE SAND TO THE STANDARDS IN
SEC. 11-E IN THE SUBSURFACE RULES.

CROWN FINISH GRADE FROM CENTER AT 3% SLOPE
2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F
PLACED OVER STONE.



TOP 4" OF FILL TO BE A GOOD LOAM
SOIL MIX TO ESTABLISH A GOOD
VEGETATIVE COVER, SEED
AND MULCH TO PREVENT EROSION,
SEC. 11-G.
FILL EXTENSIONS
NO GREATER THAN 4:1,
(25% SLOPE).

12" CLEAN STONE,
(1 1/2" DIA.),
UNIFORM SIZE.

BOTTOM OF STONE MUST BE
LEVEL WITH MAXIMUM GRADE
TOLERANCE OF 2" PER 100'.

ELEVATIONS:

ELEV. REF. PT. (ERP):

0"

FINISHED GRADE:

- 51" CROWN

TOP OF DISTRIBUTION PIPE:

- 66"

BOTTOM OF STONE:

- 77"

NOTE:

SYSTEM MUST BE INSTALLED ACCORDING
TO THE RULES AND PRACTICES SET FORTH
IN THE MOST CURRENT VERSION OF THE
STATE OF MAINE SUBSURFACE WASTEWATER
DISPOSAL RULES. INSTALLATION CONTRATOR
MUST BE FAMILIAR WITH SAID RULES AND
CONSTRUCT SYSTEM IN FULL COMPLIANCE
WITH SECTION 11 OF SAID RULES.

THOROUGHLY MIX, DISK OR ROTO-TILL
CLEAN, COARSE, SHARP SAND INTO
TOP 6 INCHES OF ORIGINAL SOIL TO
CREATE A TRANSITION ZONE, SEC. 11-B.

OWNER: JOHN HOLT
LOCATION: LAMOINE

DOC17

WILLIAM A. LABELLE, JR.

S.E.#

DATE

WCA

319

5-1-19